

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Johnie B. Vandergriff

Serial No.: 09/736,052

Filed: December 13, 2000

For: VINEYARD WIRE HANGER

) Atty Docket No.: 26341.00

)

)

)

) Examiner:

) Group No.:

)

**PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE**  
**(37 CFR 1.102(c) and MPEP §708.02 IV)**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Applicant hereby petitions to make this application special because applicant is over 65 years of age.

As a showing of this fact, accompanying this petition is:

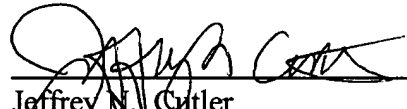
☒ applicant's birth certificate indicating his date of birth as **November 29, 1934.**

☐ a declaration by the applicant that he is over 65 years of age.

No fee is required with this petition in accordance with 37 CFR §1.102(c).

Respectfully submitted,

PITTS AND BRITTIAN, P.C.  
P. O. Box 51295  
Knoxville Tennessee 37950-1295  
(865) 584-0105

  
\_\_\_\_\_  
Jeffrey N. Cutler  
Registration No. 35,486

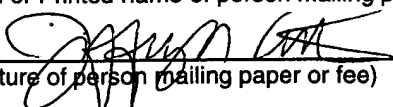
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(Signature of person mailing paper or fee)

STATE OF TENNESSEE  
Office of Vital Records

MAR 19 2002

PATENT & TRADEMARK OFFICE

50471

1. PLACE OF BIRTH 700 STATE OF TENNESSEE  
County of Campbell STATE DEPARTMENT OF HEALTH  
Civil Dist. 4 DIVISION OF VITAL STATISTICS  
Inc. Town Turley Registration District No. 41706 File No. \_\_\_\_\_  
City Turley Primary Registration Dist. No. 4 Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
FULL NAME OF CHILD Johnie Vandegriff If child is not yet named, make supplemental report, as directed

2. Sex M 3. If Plural Births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of Birth 11. 29. 1934  
Full term yes Month, day, year

FATHER 536 MOTHER \_\_\_\_\_  
Full name Burley Vandegriff 18. Full maiden name Georgia Jones

19. Residence (usual place of abode) Turley Tenn  
(If nonresident, give place and State)

20. Color or race W 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Tenn  
(State or country)

23. Trade, profession, or particular kind of work done, as spinner, typist, nurse, clerk, etc. Labor at

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. mine

25. Date (month and year) last engaged in this work 1934 26. Total time (years) spent in this work 9

27. Number of children born to this mother including this child 4 (a) Total number now living 3

28. Total number born alive but now dead 1 (c) Total number stillborn \_\_\_\_\_ (d) Born at full term 7

29. Cause of stillbirth \_\_\_\_\_  
If stillborn, \_\_\_\_\_ Months \_\_\_\_\_ Before labor  
period of gestation \_\_\_\_\_ or weeks \_\_\_\_\_ During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or \_\_\_\_\_ should make this return.  
(Signed Phas Rogers, M. D.)

Give name added from a supplemental report \_\_\_\_\_, Midwife

Address Block \_\_\_\_\_  
Filed \_\_\_\_\_, 19 \_\_\_\_\_

Registrar J. H. Baird

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor  
Paula Taylor  
State Registrar

JUN - 1 1935

Date Issued

CERTIFICATION OF VITAL RECORD

